## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee
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. (a) NAI	ME OF C	OMMITTEE IN FULL			1			
Ar	nn PA	C						
. ,		Street Address						
P.(	P.O. Box 3535					2. FEC IDENTIFICATION NUMBER C00531764		
(c) City,	, State an	d ZIP Code				TYPE OF COMMITTEE (check one)		
Ва	ıllwin		MO	63022	☐ STATE PARTY  ▼ OTHER			
certify	that <b>c</b>	one of the following situation	s is correct (co	mnlete line 4 or 5)	Z OTTIER			
·		•	•	•				
		S BY AFFILIATION: The col						
		and simul n with:	taneously quali	fied as a multicandio	aate committ	ee thro	ougn its	
Co	ommit	tee Name:						
FE	EC Ide	ntification Number:						
					·			
. ST	TATUS	S BY QUALIFICATION:						
(-)	٠ ٥-				fadaval ass	al: al a 4 a .	- I:-4d	
(a)	•	ndidates: The committee ha		` '	rederai can	alaates	s listea	
	bei	ow (ONLY State party comn	nittees may lea	ve this blank.):				
Γ		Name		Office Sought	State/Dis	triot	Date	
-		Name		Office Sought	State/Dis	liict	Date	
	(i)	Michael Bost		House	IL	12	06/23/2014	
	(ii)	Chris Gibson		House	NY	19	05/21/2014	
	(iii)	Robert Dold		House	IL	10	06/23/2014	
	(iv)	Carlos Curbelo		House	FL	26	05/28/2014	
	(v)	Torrey Westrom		House	MN	07	05/28/2014	
(b)	) Co	ntributors: The committee i	eceived a cont	ribution from its 51st	contributor		-	
` '	on:	06/26/2014						
	\ D-	wietwetiew. The committee b	aa baan rasiat	avad for at least C m	antha FFO F		1	
(0)		gistration: The committee h	ias been registe	ered for at least 6 mil	onins. FEG F	-OHIVI	i was	
(c)		miπed OD: 10/09/2012						
(c)		omitted on: <u>10/09/2012</u>	·					
(c)	sub	alification: The committee i	met the above i	requirements on:	06/26/2014		_·	
(d)	suk ) <b>Qu</b>	alification: The committee i					•	
(d)  certify the	Suk ) Qu nat I hav R PRINT		best of my knowledge SIGNATURE OF T	e and belief it is true, correc		) DATE		
(d)	Suk ) Qu nat I hav R PRINT	alification: The committee is	best of my knowledg	e and belief it is true, correc	t and complete.	<b>'</b>		
(d)  certify the TYPE OF Patrick M	Sub Qu hat I hav R PRINT IcSwain	alification: The committee is	best of my knowledge SIGNATURE OF TI Patrick McSwain	e and belief it is true, correc REASURER [E	t and complete. lectronically Filed	07/28		

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

**FEC FORM 1M**